



ANDREW M. CUOMO
Governor

Department of Health

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

September 19, 2018

CERTIFIED MAIL - RETURN RECEIPT REQUESTED

Ibilola Ighama-Amegor, M.D.
[REDACTED]

Ian H. Silverman, Esq.
NYS Department of Health
Corning Tower Room 2512
Empire State Plaza
Albany, New York 12237

RE: In the Matter of Ibilola Ighama-Amegor, M.D.

Dear Parties:

Enclosed please find the Determination and Order (No. 18-207) of the Hearing Committee in the above referenced matter. This Determination and Order shall be deemed effective upon the receipt or seven (7) days after mailing by certified mail as per the provisions of §230, subdivision 10, paragraph (h) of the New York State Public Health Law.

Five days after receipt of this Order, you will be required to deliver to the Board of Professional Medical Conduct your license to practice medicine together with the registration certificate. Delivery shall be by either certified mail or in person to:

Office of Professional Medical Conduct
New York State Department of Health
Office of Professional Medical Conduct
Riverview Center
150 Broadway - Suite 355
Albany, New York 12204

If your license or registration certificate is lost, misplaced or its whereabouts is otherwise unknown, you shall submit an affidavit to that effect. If subsequently you locate the requested items, they must then be delivered to the Office of Professional Medical Conduct in the manner noted above.

As prescribed by the New York State Public Health Law §230, subdivision 10, paragraph (i), (McKinney Supp. 2015) and §230-c subdivisions 1 through 5, (McKinney Supp. 2015), "the determination of a committee on professional medical conduct may be reviewed by the Administrative Review Board for professional medical conduct." Either the licensee or the Department may seek a review of a committee determination.

Request for review of the Committee's determination by the Administrative Review Board stays penalties other than suspension or revocation until final determination by that Board. Summary orders are not stayed by Administrative Review Board reviews.

All notices of review must be served, by certified mail, upon the Administrative Review Board and the adverse party within fourteen (14) days of service and receipt of the enclosed Determination and Order.

The notice of review served on the Administrative Review Board should be forwarded to:

James F. Horan, Esq., Chief Administrative Law Judge
New York State Department of Health
Bureau of Adjudication
Riverview Center
150 Broadway – Suite 510
Albany, New York 12204

The parties shall have 30 days from the notice of appeal in which to file their briefs to the Administrative Review Board. Six copies of all papers must also be sent to the attention of Mr. Horan at the above address and one copy to the other party. The stipulated record in this matter shall consist of the official hearing transcript(s) and all documents in evidence.

Parties will be notified by mail of the Administrative Review Board's Determination and Order.

Sincerely,

[Redacted]
James F. Horan
Chief Administrative Law Judge
Bureau of Adjudication

JFH: nm
Enclosure

STATE OF NEW YORK: DEPARTMENT OF HEALTH
STATE BOARD FOR PROFESSIONAL MEDICAL CONDUCT

-----x-----
IN THE MATTER : DETERMINATION
OF : AND
IBIOLA IGHAMA-AMEGOR, M.D. : ORDER
-----x----- BPMC-18-207

A hearing was held on August 15, 2018, at the offices of the New York State Department of Health (Department), 150 Broadway, Menands, New York. Pursuant to §230(10)(e) of the Public Health Law (PHL), JAMES M. LEONARDO, M.D., PhD, Chairperson, JANET R. AXELROD, ESQ., and WILLIAM A. TEDESCO, M.D., duly designated members of the State Board for Professional Medical Conduct (Board), served as the Hearing Committee in this matter. JEAN T. CARNEY, ADMINISTRATIVE LAW JUDGE (ALJ), served as the Administrative Officer.

The Department appeared by Associate Counsel Ian H. Silverman. A Notice of Referral Proceeding and Statement of Charges, dated June 15, 2018, and Amended on July 23, 2018, were duly served pursuant to PHL §230(10)(d)(i) upon Ibilola Ighama-Amegor, M.D. (Respondent), who appeared in person. The Hearing Committee received and examined documents from the Department (Exhibits 1-6), documents from the Respondent (Exhibits A and B), and a stenographic reporter prepared a transcript of the proceeding. After consideration of the entire record, the Hearing Committee sustains the charge that the Respondent committed professional misconduct, in violation of Education Law §6530(9)(a)(iii), and that pursuant to PHL §230-a, the penalty of a whole period of suspension with license limitations are appropriate.

BACKGROUND

The Department brought the case pursuant to PHL §230(10)(p), which provides for a hearing when a licensee is charged solely with a violation of Education Law §6530(9). The Respondent is charged with professional misconduct pursuant to Education Law §6530(9)(a)(iii), by having been convicted of an act constituting a crime under another jurisdiction, which, if committed in this state, would have constituted a crime under New York State law; namely, New York Penal Law (PL) §177.05, Health Care Fraud in the fifth degree. Under PHL §230(10), the Department has the burden of proving its case by a preponderance of the evidence.

FINDINGS OF FACT

The following findings and conclusions are the unanimous determinations of the Hearing Committee:

1. The Respondent was authorized to practice medicine in New York State on January 10, 2013, by the issuance of license number 268261 (Exhibit 3).
2. On May 31, 2017, in the Superior Court of Essex County, New Jersey, the Respondent was convicted after a jury trial of one count of Medicaid Fraud in the third degree. On August 11, 2017, the Respondent was sentenced to three years imprisonment; and was ordered to pay a total amount in fines, fees, and restitution of \$237,155. (Exhibits 4 and 6).
3. Under New Jersey law, a provider is guilty of Medicaid Fraud in the third degree when he or she knowingly and willfully makes, or causes to be made, a false statement or representation of a material fact on a document necessary to apply for or receive Medicaid payments, and/or willfully receives payments to which the provider is not entitled, or in greater amount than that to which the provider is entitled. (Exhibit 5)

4. After her conviction, the New Jersey Board of Medical Examiners (New Jersey Board) suspended the Respondent's license to practice medicine in New Jersey for 20 months. (Testimony of Respondent).

VOTE OF THE HEARING COMMITTEE

FIRST SPECIFICATION

The Hearing Committee concluded that the evidence supports sustaining the charge of having committed misconduct as defined in Educ. Law §6530(9)(a)(iii).

VOTE: Sustained (3-0)

CONCLUSIONS OF LAW

The Hearing Committee reviewed the Department's evidence showing that the Respondent was convicted in New Jersey after a jury trial to one count of Medicaid Fraud in the third degree. Under New York law, a person who knowingly and willfully provides materially false information or omits material information when requesting payment from a health plan for services and receives payment in an amount for which they are not entitled, is guilty of Health Care Fraud in the fifth degree. (PL §177.05) Consequently, the act for which the Respondent was found guilty of in New Jersey also would have constituted a crime in New York, had it been committed here. Based on this conviction, the Hearing Committee determined that the Respondent violated Education Law §6530(9)(a)(iii).

The Department asked that the Hearing Committee revoke the Respondent's license to practice medicine in New York. In considering the full spectrum of penalties available by statute, including revocation, suspension and/or probation, censure and reprimand, and the imposition of monetary penalties, the Hearing Committee found that a lesser penalty would be more appropriate in

this case. The Hearing Committee noted the Respondent's remorse, and that she accepted responsibility for her conviction. The Hearing Committee also considered that the New Jersey Board suspended the Respondent's license to practice for 20 months, and that although she was sentenced to three years imprisonment, the Respondent appeared at the hearing, representing to the Hearing Committee that she was serving her time under strict supervision, and working in order to pay her fines and restitution.

The Hearing Committee has determined that the Respondent's New York medical license be subject to the penalty of whole suspension for one year, and appropriate license limitation of practicing in a supervised setting in a facility.

ORDER

IT IS HEREBY ORDERED THAT:

1. The Respondent's license to practice medicine in the State of New York is hereby wholly SUSPENDED under PHL. § 230-a(2)(a) for one year.
2. Pursuant to PHL §230-a(3), the Respondent's license to practice medicine is permanently limited to a supervised setting in a facility as defined in PHL §2801.
3. This Order shall be effective upon service on the Respondent in accordance with the Requirements of PHL. §230(10)(h).

DATED: Albany, New York
, 2018

NYS DEPT OF HEALTH

SEP 18 2018

Division of Legal Affairs
Bureau of Adjudication

James M. Leonardo, M.D., PhD
Chairperson

Janet R. Axelrod, Esq.
William A. Tedesco, M.D.

To: Ibilola Ighama-Amegor, M.D.
[REDACTED]

Ian H. Silverman, Esq.
Associate Counsel
Bureau of Professional Medical Conduct
Corning Tower Building – Room 2512
Empire State Plaza
Albany, New York 12237

APPENDIX I

IN THE MATTER

OF

IBIOLA IGHAMA-AMEGOR, M.D.

AMENDED
STATEMENT
OF
CHARGES

Ibilola Ighama-Amegor, M.D., the Respondent, was authorized to practice medicine in New York State on or about January 10, 2013 by the issuance of license number 268261 by the New York State Education Department.

FACTUAL ALLEGATIONS

A. On or about on May 31, 2017 in the Superior Court of Essex County, New Jersey, the Respondent was found guilty after a jury trial of one count of Medicaid Fraud. Respondent was sentenced on August 11, 2017 to three years imprisonment on the Medicaid Fraud count. The Respondent was sentenced to a total of fines, fees and restitution in the amount of \$237,155. Respondent from April 30, 2009 through December 31, 2012 knowingly made or caused to be made false, fictitious, fraudulent or misleading statements, and omitted or caused to be omitted, facts from records, bills, claims, or other documents, in regard to payment or reimbursement for health care services. Respondent received payments for health care services purportedly rendered to patients on various dates, knowing she had not in fact performed all of the services, and it was impossible to have performed all of the services she represented

she had performed on those dates. On 48 separate dates, the total amount of time for health care services represented to have been performed by Respondent ranged from 24.42 hours to 56.50 hours.

B. Respondent's crime as described above in New Jersey would, if committed in New York State, have constituted a crime under New York State law, specifically Penal Law §177.05 Health Care Fraud in the Fifth Degree, a class A misdemeanor.

FIRST SPECIFICATION

CRIMINAL CONVICTION (Other Jurisdiction)

Respondent is charged with committing professional misconduct as defined in N.Y. Educ. Law § 6530(9)(a)(iii) by having been convicted of committing an act constituting a crime under the law of another jurisdiction and which, if committed within this state, would have constituted a crime under New York state law (namely N.Y. Penal Law § 177.5 Health Care in the Fifth Degree, a class A misdemeanor as alleged in the facts of the following:

1. The facts in Paragraph A and B.

DATE: July 23, 2018
Albany, New York

[REDACTED]
Michael A. Hiser, Esq.
Deputy Counsel
Bureau of Professional Medical Conduct